PTO/SB/06 (07-06)

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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/532,723			ing Date 27/2005	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2) SMALL ENTITY OR											HER THAN
Н	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	-	N/A		N/A	ı	N/A		1	N/A	.,,
	SEARCH FEE (37 CFR 1.16(k), (f),		N/A		N/A		N/A		ı	N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),	E	N/A		N/A	l	N/A		ı	N/A	
TO'	FAL CLAIMS CFR 1.16(i))		minus 20 = *				x \$ =		OR	x s =	
IND	EPENDENT CLAIM CFR 1.16(h))	s	minus 3 = *			ı	x \$ =		1	x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit 35 U	ts of pape 50 (\$125 ional 50 s S.C. 41(er, the applicati for small entity sheets or fraction a)(1)(G) and 37	n thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))							TOTAL				
* If the difference in column 1 is less than zero, enter "0" in column 2.									ı	TOTAL	
APPLICATION AS AMENDED – PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY OR SMALL ENTITY											
AMENDMENT	03/03/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.18(i))	· 9	Minus	 20	= 0		x \$ =		OR	X \$50=	0
	Independent (37 CFR 1.16(h))	• 1	Minus	 3	= 0		x \$ =		OR	X \$210=	0
	Application Size Fee (37 CFR 1.16(s))										
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
		(Column 1)		(Column 2)	(Column 3)						
ENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(i))		Minus	**	=		x \$ =		OR	x s =	
Δ	Independent (37 CFR 1.16(h))	•	Minus	***	:		x \$ =		OR	x \$ =	
AMENDMENT	Application Size Fee (37 CFR 1.16(s))]			ı		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
* If	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								OR .	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write 0" in column 3. If the "Highest Number Previously Paid or 'N ITHS SPACE is less than 20, enter 2"O. "If the "Highest Number Previously Paid For 'N ITHS SPACE is less than 3, enter 3" "ITHS "Highest Number Previously Paid For '(Tall or in Meplendendy) is the highest number found in the appropriate box in column 1.											

This collection of information is orquired by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public with in it is life (and by the USFTO to process) an application Confidentiality is operand by 38 US 6.2 22 and 37 CFR 1.4. 1 this collection is estimated to the 12 minutes to complete, encuding pathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CERF (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450.